



## ANIMAL REGISTRATION FORM

Animal Owner:

Name:

First name:

Street:

Zip code, city:

Phone:

E-Mail:

Animal:

Name:

Species, Breed:

Date of Birth:

Sex: male  neutered   
female  neutered

Colour:

Weight (kg):

referring vet:

reason for referral / main symptoms:

previous therapy / current medication:

Terms of payment:

All services and medication are billed immediately after treatment. In the case of inpatient treatment, an advance payment will be charged before the patient is admitted. The remainder is then due for payment when the patient is discharged. On request we will be happy to provide you with a cost estimate. You have the option of paying the bill in  cash or  by card.

With my signature I confirm the correctness and completeness of my name and address. I am willing and able to pay for the costs of any examination and treatment and accept the terms of payment.

Date and signature of the animal owner



## Consent pursuant to Art. 6 para. 1 sentence 1 a) in conjunction with Art. 7 (GDPR)

After taking note of the data protection notice on display, the following consent is granted:

For the necessary and required purpose of implementing the resulting contractual relationship, further personal data, such as date of birth and bank details, will be processed in addition to the data already provided. The data processed for this purpose will be deleted after the purpose has been achieved and/or legal retention periods have expired, but after 15 years at the latest.

With your consent below, you give your voluntary consent to the data processing described above.

I hereby declare my consent to the processing of my personal data to the extent and in the manner described above.

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Date and Signature of the patient owner

